TOTAL

ADDIT, FEE

TOTAL

ADDIT. FEE

^{*} If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

^{**} If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."

[&]quot;"If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2000

Α	p	plication	or	Docket	Number

0	49	70	ج-	-71	7
	$I \circ I$.) ϱ	ノ	7	_ /

CLAIMS AS FILED - PART I (Column 1) (Column 2)				_	SMALL ENTITY TYPE			OTHER THAN OR SMALL ENTITY				
TO	OTAL CLAIMS	,	22			38		RATE FEE]	RATE	FEE
FC)R		NUMBER FILED		NUMB	NUMBER EXTRA		BASIC FEE	!	OR	BASIC FEE	710.00
TC	OTAL CHARGE	ABLE CLAIMS	22 mir	nus 20=	. 2		I	X\$ 9=		OR	X\$18=	2/
INC	DEPENDENT C	LAIMS		inus 3 =	*		ŀ	X40=		1	X80=	36
ML	JLTIPLE DEPE	NDENT CLAIM P			Ļ		ŀ		<u> </u>	OR		
• If	the difference	e in column 1 is	lace than 7/	oro ente	- "O" in c	Solumn 2	L	+135=		OR	+270=	
••						;Oiumn ∠		TOTAL		OR	TOTAL	146
_		(Column 1)	WENDER	(Colur	mn 2)	(Column 3)	_	SMALL E	ENTITY	OR	OTHER SMALL E	
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	IBER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
NON	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
AME	Independent	*	Minus	*** =				X40=		OR	X80=	
	FIRST PRESE	ENTATION OF MU	JUIPLE DEF	PENDENI	CLAIM			+135=		OR	+270=	
							L	TOTAL			TOTAL	
		(Column 1)		(Colur	mn 2)	(Column 3)	Α	DDIT. FEE		10.0	ADDIT. FEE	
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUMI PREVIO PAID	IEST BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
NDN	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
AME	Independent	*	Minus	***		=		X40=		OR	X80=	<i>y</i>
	FIRST PHESE	NTATION OF MU	JLTIPLE DEP	'ENDENT	CLAIM		r	+135=			+270 =	
							L	TOTAL		OR OR	TOTAL	
		(Column 1)		(Colun	~n 3)	(Column 3)	ΑI	DDIT. FEE L		OR ,	ADDIT. FEE	
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGHI NUME PREVIC PAID I	EST BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
NDN	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
AME	Independent		Minus	***		=	上	X40=		OR	X80=	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM												
* If	the entry in colur	mn 1 is less than the	e entry in colu	mn 2, write	"0" in coli	umn 3.	L	+135= TOTAL		OR [+270= TOTAL	
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.												